



# GHANA TECHNOLOGY UNIVERSITY COLLEGE

## OVERTIME CLAIM FORM

Overtime Claim for the Month of.....20.....

Name of Officer..... Staff No.....

Station.....Department.....

Date		Normal Working hours		Overtime		Total Overtime hours	Type of Work Done/Nature of Job
Date	Day	Start	Stop	Start	stop		
<b>Total Overtime Hours</b>							

I certify that the overtime claim made by.....for total hours of..... is genuine and true as the overtime done has been authorized by me.

.....  
Signature of Supervisor

Date.....

Name.....

Rank.....

**VERIFICATION – HR DEPARTMENT**

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Justification of work:.....  
.....

Total overtime hours worked.....Rate .....hrs x GH¢.....=GH¢.....

Do you recommend the application to be approved?

- a. Yes                       b. No

Reason(s) if not recommended.....  
.....  
.....

Name of Officer.....Signature:..... Date.....

**APPROVAL-PRESIDENT/ VICE PRESIDENT/REGISTRAR**

Do you approve the application?

- a. Yes                       b. No.

Justification/Reason for approving or not approving:.....  
.....  
.....

Name:.....Signature.....Date:.....